



STATE OF WASHINGTON

DEPARTMENT OF LABOR AND INDUSTRIES

PO BOX 44291, OLYMPIA, WASHINGTON 98504-4291

June 4, 2019

WARREN PETERSON

EAST OLYMPIA WA 98540-0853

CLAIM NUMBER

INJURY DATE 05/26/2019

DATE OF BIRTH

CLAIMANT PETERSON  
WARREN J

Dear Provider:

Thank you for seeking authorization under Notification # 2501748699 to treat Warren John Peterson under Labor and Industries workers' compensation coverage.

Unfortunately, I must deny your request. After reviewing both the claim file and the recommendations of our utilization review specialists, I have found the requested treatment below is needed for a medical condition that is not accepted under the worker's claim.

DENIED 99221 - 99223 INITIAL HOSPITAL CARE

If you wish reconsideration of this decision, please send your request in writing and provide substantiating clinical evidence to support your position. Send it to me at:

Department of Labor and Industries  
PO Box 44291  
Olympia, WA 98504-4291

If we do not receive a request for reconsideration from you within sixty (60) days of receipt of this letter, this decision becomes final.

Please feel free to call if you have any questions.

Sincerely,

Sarah Klovas  
Claims Manager, Unit 3  
PHONE: (360) 902-6372  
FAX: (360) 902-4567

ORIG: ADMIT PHYS - JOFFE AARON M DO  
CC: WORKER - WARREN PETERSON  
EMPLOYER - THURSTON COUNTY FIRE DIST 6  
PROVIDER - JOFFE AARON M DO

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